2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L84042 02-15-2008 90005 019 ***158.75 1. Entity Name JORO OF MIAMI, INC. 40025650 Principal Place of Business Mailing Address 8780 N.W. 102ND STREET 8780 N.W. 102ND STREET MEDLEY, FL 33178 MEDLEY, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FELNumber Applied For 13-3577217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBENSTEIN, ROBERT SANCTURARY DR. Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33317 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ΩP D'Rubenstein, Rubert IIILE ☐ Delete DD 8 **Z**) Change RUBINSTEIN, ROBERT NAME NAME 2545 Sanctuary DR Weston, 71 33317 STREET ADDRESS 8780 N.W. 102ND STREET STREET ADDRESS CITY-ST-ZIP MEDLEY, FL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition RuBenstein, JON RUBINSTEIN JON NAME NAME STREET ADDRESS 8780 N.W. 102ND STREET STREET ADDRESS GO765W 55THCT 71 33156 CITY-ST-ZIP MEDLEY, FL CITY-ST-ZIP Miami THLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 305888-8110

FILED Feb 15, 2008 8:00 am

Secretary of State